### Memorandum of Agreement

#### Between

Durham County Department of Public Health and SHIFT NC- All Together Now

All Together Now: Making Health and Referral Systems Work for Young People

### PROJECT BRIEF

All Together Now is a collaborative project involving publicly funded health systems' and youth-serving agencies in Durham, NC. The project will help to improve/enhance the capacity of Healthcare Provider Partners to better serve the reproductive health care needs of young people with quality services, including a full range of contraceptive options. The project will help build/strengthen a referral network with youth serving agencies to effectively link young people to quality care. Key staff from Youth-Serving Partners and Healthcare Provider Partners will collaborate and coordinate across systems. These combined efforts will contribute to long term outcomes of reduced teen pregnancy and births in Durham, NC. The project is a five-year cooperative agreement funded by the Centers for Disease Control and Prevention.

### PARTIES TO AGREEMENT:

### **Fiscal Agent:**

SHIFT NC

3710 University Drive, Suite 310

Durham, NC 27707

Contact Person: Sally Swanson, Chief Program Officer

Phone: (919) 226-1880 x110

Email: sswanson@shiftnc.org

#### **Healthcare Provider Partner:**

Project Partner Agency: Durham County Department of Public Health

Address/Phone: 414 E. Main Street, Durham, NC 27701 Project Contact: Aubrey Delaney, MCH Project manager Phone: 919-560-7180 Email: adelaney@dconc.gov

### **SUB-AWARD FUNDING:**

SHIFT NC will provide \$30,000 to the Healthcare Provider Partner listed above to be distributed on the following schedule:

DATE	AMOUNT
Oct, 1, 2018.	\$10,000
April 1, 2019	\$10,000
July 1, 2019	\$10,000

### Time Period of Agreement:

<u>Beginning Date:</u> October 1, 2018 <u>Ending Date:</u> September 30, 2019

### PURPOSE OF AGREEMENT

The purpose of this agreement is for the signing parties to commit to establishing reliable and consistent systems to: 1) provide contraceptive and reproductive healthcare for adolescents age 15-19 in accordance with nationally recognized clinical recommendations and 2) increase the total number of adolescents served by developing referral systems with youth serving systems. The latter will be accomplished by SHIFT NC working with youth-serving systems to refer and link vulnerable young people to care. These systems may include schools, foster care, juvenile justice and probation, or housing developments. SHIFT NC and Durham County Department of Public Health (DCDPH) will implement or partner in implementing marketing and communication strategies that ensure awareness of available youth-friendly contraceptive and reproductive healthcare services among adolescents in the local community. As part of the Centers for Disease Control and Prevention's (CDC), Division of Reproductive Health "Working with Publicly Funded Health Centers to Reduce Teen Pregnancy Among Youth from Vulnerable Populations (DP15-1508)," all proposed strategies and activities listed herein are with the aim of contributing to the long-term goal of reducing teen pregnancy and births.

### RESPONSIBILITIES AND EXPECTATIONS of SHIFT NC

Under this agreement, SHIFT NC is responsible for the following:

# **Commitment to Project Management**

Under this agreement, SHIFT NC agrees to coordinate all aspects of the project, including:

- Overseeing all project activities and managing all tasks related to the cooperative agreement with CDC.
- Managing a contract with CAI and coordinating activities between CAI and Healthcare Provider Partners, as needed.
- 3. Disbursing funds in accordance with the amounts and timelines outlined in this agreement.
- 4. Convening quarterly meetings with representatives from all Healthcare Provider Partners and Youth-Serving Systems Partners.
- 5. Provide strategic dissemination and communications activities to raise awareness of the project and of youth-friendly sexual and reproductive health services in the community.

## **Commitment to Provide Training and Technical Assistance**

Under this agreement, SHIFT NC will provide ongoing technical support to partners, including:

- Continue to engage in a planning process.
- Establishing, with designated Healthcare Provider Partner staff, an agreed-upon annual work
  plan and corresponding technical assistance plan, based on needs assessment findings and
  quality improvement goals of the Healthcare Provider Partner.
- Coordinating the delivery of professional development resources to Healthcare Provider Partner staff, based on needs assessment findings and an agreed-upon work plan. This will include direct in-person training by SHIFT NC staff and/or CAI staff and facilitating access to online training resources.
- 4. Review performance measure data, with Healthcare Provider Partners, on a quarterly basis and use data to inform improvement activities.

- 5. Regularly monitoring and assessing Healthcare Provider Partner's needs, progress, successes, and challenges via phone calls, emails, or visits.
- 6. Commit one key staff member to attend monthly CAT meetings for the ICO4MCH Initiative

### **Commitment to Evaluation**

Under this agreement, SHIFT NC is responsible for the following:

- 1. Providing assessment tools, instruction, and usage timelines.
- 2. Providing evaluation technical assistance and support to Healthcare Provider Partner as needed.
- 3. Establishing relevant evaluation data submission timelines for Healthcare Provider Partners.
- 4. Coordinating with Healthcare Provider Partner to collect relevant data to inform Quality Improvement processes.
- 5. Commit one key staff member to attend monthly CAT meetings for the ICO4MCH Initiative

# Durham County Department of Public Health agrees to:

# Commitment to Staffing

- Designate a staff member to be key contact and to provide consistent presence, and participate
  in, planning, implementation, and continuous improvement of healthcare systems to improve
  provision of and linkage to contraceptive and reproductive healthcare for adolescents. This key
  contact will be the project manager of the DCoDPH's Maternal Child Health (MCH) Initiative
  grant through May 31, 2020 while also being the lead DCoDPH contact for the All Together Now
  project.
  - Name of Key Contact: <u>Aubrey Delaney</u>
- A multidisciplinary Improvement Team structure to plan, implement and improve changes in healthcare delivery systems and practices that effectively increases access to contraceptive and reproductive healthcare services for adolescents.
  - o Members of Improvement Team: <u>Aubrey Delaney, LaTonya McDuffie, Hattie Wood,</u> Joanne Pierce, Winona Poulton

(Funds can be used to support staff time at each of the partnering agencies, including evaluation and data collection activities).

As a Healthcare Provider Partner, DCoDPH commits that the MCH Project Manager will:

- 3. Participate in the overall project Key Partnership Team, which will meet quarterly.
- Attend meetings between health centers and youth-serving systems so all participating staff are aware of services and staff at each organization to facilitate more effective referral and linkage relationships.
- 5. Attend and participate in annual partnership meeting/training with other leaders and key staff from the health centers and youth-serving systems.
- 6. Review performance measure data on a quarterly basis and use data to improve services.

### Commitment to Key Activities

As a Healthcare Provider Partner, DCoDPH agrees to commit to executing and completing the following key activities in the delivery of youth-friendly sexual and reproductive health care:

- 1. <u>Formally adopt improving access</u> to contraceptive and reproductive healthcare for adolescents as a healthcare provider quality improvement initiative
- Ensure healthcare provider <u>policies and practices are aligned with nationally recognized clinical recommendations</u> for the delivery of contraceptive and reproductive healthcare to adolescents as outlined in CDC's Quality Family Planning Guidelines, US Selected Practice Recommendations (US SPR), and US Medical Eligibility Criteria (US MEC).
- 3. Implement policies and practices that <u>ensure confidentiality</u> of adolescent services in accordance with state and federal laws and regulations that includes ensuring <u>time-alone</u> with provider
- 4. <u>Implement and sustain efficient and effective systems</u> to reliably and consistently integrate the provision of contraceptive and reproductive healthcare into every client visit.
  - Clinical staff
    - o Provide preconception health services as recommended by the CDC and OPA in the Quality Family Planning Guidelines
    - o Provide STD/HIV screening or diagnostic testing and treatment per CDC guidelines
    - o Determine client eligibility for preferred BC method using US Medical Eligibility
      Criteria
    - o Preview method use and anticipated side effects, and ensure client understanding
    - Provide method same-day if medically eligible or reschedule/refer; Offer bridge method if needed
    - o Develop follow-up plan to address potential side effects and receive relevant test results
- 5. Deliver all services in a culturally competent manner.
- 6. Provide quality referrals for non-sexual and reproductive health needs
- 7. Increase youth accessing services by 1) reducing barriers to access, 2) promoting availability of sexual and reproductive health services through communication efforts, 3) developing partnerships with organizations willing to refer and link youth to services.
- 8. Set aside dedicated staff time to participate in all improvement activities including staff training and participating in technical assistance provided on-site and remotely.
- 9. Develop and facilitate a leadership team within the health center to review and monitor performance measure data on a quarterly basis and to use data to improve services.

# Commitment to Regular, Timely Data Collection & Other Evaluation Activities

As a Healthcare Provider Partner, DCoDPH agrees to commit to the following data collection and evaluation activities:

- 1. Complete an annual organizational assessment and provider knowledge and practices survey to identify current strengths and gaps in practice.
- 2. Monitor progress through continuous quality improvement processes (e.g., Plan-Do-See-Act (PDSA), Getting to Outcomes (GTO)).
- 3. Implement systems to collect, report and use a set of performance metrics (structure, process, and outcome) that serve to examine progress made in improving access to contraceptive and reproductive healthcare for adolescents
- 4. Submit complete and timely performance measure data (as appropriate per Healthcare Provider Partner's policies, regulations, and practices) to SHIFT NC according to the data collection schedule. Data will be submitted quarterly and on an annual basis.

Conduct youth satisfaction surveys with adolescent patients following their visit (on a predetermined schedule).

# Commitment to Conduct and Institutionalize System Changes

As a Healthcare Provider Partner, DCoDPH agrees to commit to the following system change activities:

 Institutionalize practice of evidence-based clinical guidelines and the delivery of youth-friendly sexual and reproductive health care. This may include the development or strengthening of clinical standard operating procedures, the development or reinforcement of policies to ensure youth sexual and reproductive health needs are addressed at every visit, or supporting and implementing environmental changes such as extended clinic times to accommodate youths' schedules.

## **Commitment to Communications**

As a Healthcare Provider Partner, DCoDPH agrees to commit to the following communications activities:

- 1. Implement activities to ensure awareness of contraceptive and reproductive health services for adolescents and their families/caregivers who receive services from the healthcare provider.
- 2. Implement activities to support efforts to improve community awareness of contraceptive and reproductive health care services provided by the healthcare provider.

### IMPORTANT CONSIDERATIONS

- 1. The content and associated funding in this MOA can be revisited on an annual basis, and adjustments may be made, as necessary.
- 2. All Together Now and the ICO4MCH Initiative (state grant funding received by DCoDPH) will jointly fund the 1.0 FTE MCH Project Manager position, which is from June 1, 2018 May 31, 2020. The ICO4MCH Initiative and DCoDPH's participation in All Together Now is directly linked to available funding for this position.
- As much as possible, all activities and Consumer Advisory Team meetings should be coordinated between the All Together Now project and the ICO4MCH initiative for maximum collective impact.
- 4. Funds associated with this MOA cannot be used for clinical care or to purchase contraception.
- 5. Timely disbursement of funds is contingent on continued adherence to the agreed-upon data collection schedule.
- 6. In the event of future changes or reductions in the overall funding from the CDC for the All Together Now project, SHIFT NC has the sole and complete authority to restructure existing MOA funding agreements and/or reduce the specified amount of funding to the program partner based on these changes, without right of recourse by the program partner.
- 7. Unspent funds may rollover from previous MOAs.

Signatures:

Gayle Harris
Public Health Director
Durham County Department of Public Health

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Sally Swanson
Chief Programs Officer
All Together Now Project Director
SHIFT NC